

State of Connecticut

Department of Public Safety / Division of State Police

ACCIDENT INFORMATION SUMMARY

	Number: DPS- 04-958353 11/21/04 Time:	1141	Notations: Traffic: M Weather: C Lane R of 3 Direction of Travel:
No. & Type of Veh's Involved: 1 CAR Relate	ed information: Rollover		N S E W
(Passenger Car, Truck, Bus, Etc.)	(Pedestrian, Pole,	Bridge Abutment, Etc)	
Town / City: Darien Local	ion of Accident 1-95 E/B at		amo
Utility Pole Name & Number (If Applicable):		Other (Specify):	
Oper#1: Olson, Christopher	Oper #2: _ ·		
DOB: 11/21/81 Gender: Ä M □F			□M □F
Address: 585 West Todd St	Address:		
Town: <u>Hamden</u> State: <u>CT</u> Zip:0651			
Oper. Lic. #117188406 Type: B State: CT	Oper. Llc. #	Type:	
Owner#1: Olson, Karl J.			
Address: SAME			
Registration Plate: 280CWB State: CT	Registration Plate:		
Make: Nissan Model: Frontier P/U Year:200			
VIN: 1N6FD26Y0YC4057Z3	VIN:		
Seatbelt(s): Tes No Airbag: Yes (Deployed TY N) No No	I/A Seatbelt(s): _Yes _No	Airbag: Tes (Deployed	DY DN) DNO DN
Insurance Company: Progressive 60629675-5	Insurance Company:		
Insurance Policy#:	Insurance Policy #:		
Injuries: <u>Fatality</u> Vehicle Damage: <u>entire vehicle (roll-over)</u>	Injuries:		
Vehicle Towed: ☐No XX es, Lone Star	Vehicle Damage:		
	Vehicle Lower: I No I IYe	is.	
Occupant(s): [Name / DOB / Address / Position in Veh]	Vehicle Towed: No Ye Occupant(s): [Name / DO		Veh J
Occupant(s): [Name / DOB / Address / Position in Veh]	Occupant(s): [Name / DO		Veh j
Occupant(s): [Name / DOB / Address / Position in Veh]	Occupant(s): [Name / DO	B / Address / Position in	Veh j
Occupant(s): [Name / DOB / Address / Position in Veh] Oper #3:	Occupant(s): [Name / DO	B / Address / Position in	, M DF
Occupant(s): [Name / DOB / Address / Position in Veh] Oper #3: DOB: Gender: M	Occupant(s): [Name / DO Oper #4: DOB:	B / Address / Position in Gender:	. M □F
Occupant(s): [Name / DOB / Address / Position in Veh] Oper #3: DOB: Gender: M DF Address:	Occupant(s): [Name / DO Oper #4: DOB: Address: Town:	Gender:	_ M □F
Oper #3:	Oper#4: DOB: Address: Town: Oper. Lic. #	Gender: State: Type:	☐ M ☐ F Zip: State:
Oper #3:	Occupant(s): [Name / DO Oper #4: DOB: Address: Town: Oper Lic. # Owner #4:	Gender: State: Type:	_ M □F
Oper #3:	Oper#4: DOB: Address: Town: Oper. Lic. # Owner #4: Address:	Gender: State: Type:	_ M □F
Oper #3:	Oper #4: DOB: Address: Town: Oper. Lic. # Owner #4: Address: Registration Plate:	Gender: State: Type:	☐ M ☐F Zip: State:
Oper #3:	Oper#4: DOB: Address: Town: Oper. Lic. # Owner #4: Address: Registration Plate:	Gender: State: Type:	☐ M ☐F Zip: State:
Oper #3: Gender:	Occupant(s): [Name / DO Oper #4: DOB: Address: Town; Oper Lic # Owner #4: Address: Registration Plate: Make: VIN:	Gender: State: Type: State: Model;	☐ M ☐F Zip: State: Year:
Oper #3: Gender:	Occupant(s): [Name / DO Oper #4: DOB: Address: Town: Oper. Lic. # Owner #4: Address: Registration Plate: Make: VIN: V/A Seatbelt(s): □Yes □No Insurance Company:	Gender: State: Type: State: Model: Airbag: Yes (Deployed)	_ M
Oper #3:	Occupant(s): [Name / DO Oper #4: DOB: Address: Town: Oper. Lic. # Owner #4: Address: Registration Plate: Make: VIN: V/A Seatbelt(s): □Yes □No Insurance Company: Insurance Policy #:	Gender: State: Type: State: Model: Airbag: Yes (Deployer)	_ M
Oper #3:	Occupant(s): [Name / DO Oper #4: DOB: Address: Town: Oper Lic. # Owner #4: Address: Registration Plate: Make: VIN: VIA Seatbelt(s): □Yes □No Insurance Company: Insurance Policy #: Injuries:	Gender: State: Type: State: Model: Airbag: Yes (Deployer)	_ M
Oper #3: DOB: Gender: M F Address: Town: State: Zip: Oper. Lic. # Type: State: Owner #3: Address: Registration Plate: State: Model: Year: VIN: Scatbelt(s): Yes No Airbag: Yes(Deployed Y N) No Insurance Policy #: Injuries: Vehicle Damage:	Occupant(s): [Name / DO Oper #4: DOB: Address: Town: Oper Lic. # Owner #4: Address: Registration Plate: Make: VIN: VIA Seatbelt(s): □Yes □No Insurance Company: Insurance Policy #: Injuries: Vehicle Damage:	Gender: State: Type: State: Model: Airbag: Yes (Deploye	M
Oper #3: DOB: Gender: M Genders:	Occupant(s): [Name / DO Oper #4: DOB: Address: Town: Oper. Lic. # Owner #4: Address: Registration Plate: Make: VIN: N/A Seatbelt(s): □Yes □No Insurance Company: Insurance Policy #: Injuries: Vehicle Damage: Vehicle Towed: □No □Ye	Gender: State: Type: State: Model: Airbag: Yes (Deploye	_ M
Oper #3: DOB: Gender: M F Address: Town: State: Zip: Oper. Lic. # Type: State: Owner #3: Address: Registration Plate: State: Model: Year: VIN: Scatbelt(s): Yes No Airbag: Yes(Deployed Y N) No Insurance Policy #: Injuries: Vehicle Damage:	Occupant(s): [Name / DO Oper #4: DOB: Address: Town: Oper Lic. # Owner #4: Address: Registration Plate: Make: VIN: N/A Seatbelt(s): □Yes □No Insurance Company: Insurance Policy #: Injuries: Vehicle Damage: Vehicle Towed: □No □Ye Occupant(s): [Name / DO	Gender: State: Type: State: Model: Airbag: Yes (Deploye	Zip:State:

MIN POTTAMADER DE Brief Description of Accident

DPS04-058353 11/21/04 1141 hrs

Fatal MVA

Darien

On the above date and time the victim was operating a 2000 Nissan pickup truck on I-95 eastbound in the town of Darien, in the right lane. The highway curved to the left. The victim continued straight and drove onto the right shoulder where his vehicle rolled over causing the operator to be ejected through the passenger window. The victim was transported to Stamford hospital where he was pronounced deceased. The victim was identified as Christopher Olson, DOB 11/21/81, of 585 West Todd Street, Hamden, CT. The right and center lanes were closed from the time of the incident until 1341 hrs. The accident is being investigated by TFC. D'elia #1374. Supervised by Sgt. Murphy #274 LT. Meraviglia was notified.

This investigation is:	en / Continuing Closed	
MEDICAL ATTENTION: Stamford &		
#1 Ambulance X Yes, Company Darien No	#2 Ambulance Yes, Company No	
	Patient Name:	
Hospital Stamford	Hospital	
Injuries Fatality	Injuries .	
#3 Ambulance Yes, Company No	#4 Ambulance Yes, Company No	
Patient Name:	Patient Nume:	
- Hospital	Hospital	
Injuries	Injuries	
FATALITIES: Do Not Release Unless Next of Kin N	otified	
Name Olson, Christopher	Name	
Next of Kin Notified? XYes INO	Next of Kin Notified? Yes : No	
Name Name Seat of the Country	Name ANL GREET LEGISLES OF LEG	
Next of Kin Notified? Yes No Tynsqmot spreadent twoile? world the years and	Next of Kin Notified? — Yes - No ** You's a someous	
ENFORCEMENT ACTION: 100 STREET TO STREET	jurios:	
Arrested Target and Source and Control of the Contr	Artested Table 1997 - 1997 - 1997 - 1997 - 1997	
Warned	Warned	
Supervisor's Approval Required: -Signature - Old	(10 Roloff 274 - Date 11/21/04 -	